

COMMITTEE ON LEGISLATIVE RESEARCH
OVERSIGHT DIVISION

FISCAL NOTE

L.R. No.: 5929-04
Bill No.: Perfected HCS for HB 1898
Subject: Health Department; Hospitals; Children and Minors
Type: Original
Date: April 29, 2014

Bill Summary: This proposal requires the Department of Health and Senior Services to develop standards for all levels of hospital perinatal care.

FISCAL SUMMARY

ESTIMATED NET EFFECT ON GENERAL REVENUE FUND			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
General Revenue	(Unknown, could exceed \$2,975,090)	(Unknown, could exceed \$3,676,526)	(Unknown, could exceed \$3,782,365)
Total Estimated Net Effect on General Revenue Fund	(Unknown, could exceed \$2,975,090)	(Unknown, could exceed \$3,676,526)	(Unknown, could exceed \$3,782,365)

ESTIMATED NET EFFECT ON OTHER STATE FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Total Estimated Net Effect on <u>Other</u> State Funds	\$0	\$0	\$0

Numbers within parentheses: () indicate costs or losses.
This fiscal note contains 15 pages.

ESTIMATED NET EFFECT ON FEDERAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Federal*	\$0	\$0	\$0
Total Estimated Net Effect on <u>All</u> Federal Funds	\$0	\$0	\$0

* Unknown income and expenses net to \$0.

ESTIMATED NET EFFECT ON FULL TIME EQUIVALENT (FTE)			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
General Revenue	Unknown	Unknown	Unknown
Total Estimated Net Effect on FTE	Unknown	Unknown	Unknown

☐ Estimated Total Net Effect on All funds expected to exceed \$100,000 savings or (cost).

☒ Estimated Net Effect on General Revenue Fund expected to exceed \$100,000 (cost).

ESTIMATED NET EFFECT ON LOCAL FUNDS			
FUND AFFECTED	FY 2015	FY 2016	FY 2017
Local Government	\$0	\$0	\$0

FISCAL ANALYSIS

ASSUMPTION

In response to the previous version of this proposal, officials from the **Department of Health and Senior Services (DHSS)** provided the following:

Section 192.380.2

This proposed section creates and defines the make-up of the proposed Perinatal Advisory Council (PAC). Section 192.380 does not indicate who is responsible for providing support and coordination to the Council. Neither does it indicate what, if any, expenses of the council members are to be paid on their behalf or reimbursed to them. This section is considered to have an unknown fiscal impact.

Section 192.380.3

This proposed section requires the Perinatal Advisory Council to establish standards for all levels of hospital perinatal care including regional perinatal centers.

Section 192.380.3(5)

This section of the proposed legislation requires that procedures be implemented to confidentially identify and report to the department all high-risk birth outcomes. The department currently receives reports of many high risk birth outcomes through the various reporting systems that are already in place. However, the legislation is unclear if this is to be a separate system and what the department is expected to do with the information. The costs related to the reporting system and possible data analysis is therefore unknown.

Section 192.380.6

This proposed section indicates that the DHSS is to promulgate rules and regulations by January 1, 2016, to establish the standards developed by the Council. The fiscal impact, including the amount of staff needed to implement the rules based on the standards and related activities of the council, is considered unknown at this time.

The legislation is intended for healthcare systems to develop better systems of care and referrals for high risk pregnancies in order to achieve better birth outcomes. It is assumed that the improved systems could lead to more referrals to the Bureau of Special Health Care Needs which, in turn, would result in an increase in enrollment for the Children and Youth with Special Health Care Needs (CYSHCN) and Healthy Children and Youth (HCY) programs. The increase in enrollment would be unknown and result in an unknown negative fiscal impact.

ASSUMPTION (continued)

In response to the previous version of this proposal, officials from the **Department of Social Services (DSS) - MO HealthNet Division (MHD)** stated MO HealthNet bases hospital reimbursement for a given year on the fourth prior year cost report. Assuming the standards would be required to be implemented by the hospitals by January 1, 2015, the additional cost would begin to be reflected in 2015 cost reports. MO HealthNet would use 2015 cost reports to establish reimbursement for state FY (SFY) 19. Therefore, there would not be a fiscal impact to the MHD for FY 15, FY 16, and FY 17, but starting FY 19 there could be an additional cost, but the amount is unknown.

Officials from the **Joint Committee on Administrative Rules** state this legislation is not anticipated to cause a fiscal impact beyond its current appropriation.

In response to the previous version of this proposal, officials from the **Office of Secretary of State (SOS)** stated many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes this is a small amount and does not expect that additional funding would be required to meet these costs. However, it is also recognized that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain within its core budget.

Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Officials from the **Department of Mental Health (DMH)** state there appears to be nothing in this proposal that creates an obligation or requirement for the DMH that would result in a fiscal impact.

Officials from the **Office of Administration - General Services Division** assume the proposal would not fiscally impact their agency.

House Amendment No. 1:

Oversight assumes this amendment will have no fiscal impact.

ASSUMPTION (continued)

House Amendment No. 2:

§ 208.662 - Show-Me Healthy Babies Program:

In response to similar legislation (HB 1065), officials from the **Department of Social Services (DSS)** provided the following information:

MO HealthNet Division (MHD):

Section 208.662. 1. Creates the "Show-Me Healthy Babies Program" which would provide medical coverage to unborn children through the children's health insurance program (CHIP).

Section 208.662. 2. Sets the income eligibility of the program at no more than 300% of the federal poverty level (FPL), subject to appropriations.

Section 208.662. 3. States that medical coverage would be limited to prenatal care and pregnancy-related services that benefit the health of the unborn child and that promote healthy labor, delivery, and birth.

The Family Support Division (FSD) assumes that 1,844 unborn children will be enrolled. This is the number of Medicaid for Pregnant Women (MPW) who were denied coverage for income between 185% and 300% of FPL. MHD assumes that pregnant women will be enrolled and not the unborn child. MHD further assumes that the coverage would be similar to the current coverage for the MPW population, which could include other medical issues for the mother that could affect the unborn baby (for example, diabetes or an infection). The cost per member per month (PMPM) for the MPW population is \$579.11. The total cost for a year would be \$12,814,546 (1,844 x \$579.11 x 12). There may be some additional unknown costs for programming, so that this new category of aid can be identified.

Section 208.662. 4. Requires the DSS to set up a presumptive eligibility procedure for enrolling an unborn child.

FSD currently has presumptive eligibility procedures in place.

Section 208.662. 5. States that coverage for the child shall continue for up to one year after birth.

MHD currently covers children age 0 - 1 between 185% - 300% of FPL under the CHIP program. This would have no additional fiscal impact on MHD.

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ASSUMPTION (continued)

Section 208.662.6. Requires coverage for the mother to continue through the last day of the month that includes the sixtieth day after the pregnancy ends. Coverage for the mother shall be limited to pregnancy-related and postpartum care.

These costs would be included in the yearly cost of the MPW population.

Section 208.662. 7. Defines the ways that the DSS may provide coverage. These include paying the health care provider directly or through managed care; a premium assistance program; a combination of the two; or a similar arrangement.

MHD assumes a one-time cost for managed care rate development of \$50,000.

Section 208.662. 8. Requires the department to provide information about the Show-Me Healthy Babies Program to maternity homes, pregnancy resource centers, and similar agencies and programs in the state. It also states the department shall consider allowing such agencies to assist in enrollment and presumptive eligibility and verification of the pregnancy.

Section 208.662.9. Requires the DSS to submit a state plan amendment or seek necessary waivers within sixty days after the effective date of this section to United States Department of Health and Senior Services.

MHD currently has a state plan amendment for CHIP. MHD assumes that it could submit this new state plan amendment with existing staff.

Section 208.662. 10. Requires the DSS to prepare and submit a report on cost savings and benefits at least annually.

MHD assumes that it would contract this service out at a cost of \$40,000 per year.

Section 208.662. 11. States that the Show-Me Healthy Babies Program shall not be deemed an entitlement program, but instead shall be subject to federal allotment or appropriations and matching state appropriations.

Section 208.662. 12. States that the state is not obligated to continue this program if the allotment or payments from the federal government end or are not sufficient to operate the program, or if the general assembly does not appropriate funds for the program.

MHD assumes that if the waiver were not approved or if state match were not appropriated, that this program would cease to exist.

ASSUMPTION (continued)

Section 208.662. 13. States that nothing in this section shall be construed as expanding MO HealthNet or fulfilling a mandate imposed by the federal government or the state.

Total costs for the program, would be \$12,814,546 in FY13 for the unborn population plus \$40,000 per year for reporting, and a one-time rate development cost of \$50,000 and a one-time unknown cost for programming in FY15. It is also assumed that the unborn population cost in FY15 will only be for a 10-month period. A 2.9% medical inflation was added to the FY13 program costs for FY14 and FY15 to arrive at the FY15 cost. An additional 2.9% medical inflation cost was added to FY16 and FY17. The federal match for CHIP services is 74.170%. Rate development, reporting and programming costs would receive a federal match rate of 50%.

FY15 (10 months): \$0 to > \$11,397,139 (GR > \$2,965,634; Federal > \$8,431,505);
FY16: \$0 to \$14,002,055 (GR \$3,626,399; Federal \$10,375,656); and
FY17: \$0 to \$14,406,954 (GR \$3,730,984; Federal \$10,675,970).

The program is subject to appropriations.

Family Support Division (FSD):

Federal rules found in 42 CFR 457 allow states the option to consider an unborn child to be a 'targeted low-income child'. This allows an unborn child to be eligible for health benefits coverage under the Children's Health Insurance Program (CHIP) if other applicable eligibility requirements are met.

The definition of 'targeted low-income child' is found at federal rule 42 CFR 457.310. This definition limits the family income to no more than 200% of the federal poverty level (FPL). However, in Missouri, the income limit is currently set at 150% FPL for targeted low-income children. Therefore, the income limit for unborn children would be limited to 150% FPL in order to receive Federal Financial Participation (FFP, or federal matching) funds unless a waiver is requested from the federal government to expand coverage for unborn children above 150% FPL. If a waiver is not granted, unborn children coverage above 150% FPL would not be eligible for FFP and would have to be paid 100% from General Revenue (GR) funds.

The MO HealthNet for Pregnant Women (MPW) program currently covers pregnant women with family income up to 185% FPL and covers all medical services, not just prenatal care and pregnancy-related services. Therefore, FSD anticipates only unborn children whose family income is greater than 185% FPL, but less than 300% FPL would be eligible for the Show-Me Healthy Babies Program. Based on the average number of MPW cases rejected due to income above 185% FPL, but with income below 300% FPL, the FSD estimates at least 1,844 unborn children would be eligible for this program each year.

ASSUMPTION (continued)

Due to the change in organization structure and the requested new eligibility system, FSD assumes existing staff will be able to maintain the increased caseload size and take applications. The FSD assumes existing Central Office Program Development Specialists in the Policy Unit will be able to complete necessary policy and/or forms changes. The FSD further assumes OA-ITSD will include the Medicaid Management Information System (MMIS) programming costs needed to implement the provisions of this proposal in their fiscal note response. Therefore, there is no fiscal impact to the FSD.

In response to similar legislation (HB 1065), officials from the **Office of Administration - Information Technology Services Division (ITSD)/DSS** provided the following assumptions:

MHD indicated they would require the establishment of at least one new Medicaid Eligibility (ME) code, coding to possibly enroll a participant in a managed care plan, passing eligibility to WIPRO (the DSS contractor) from the Family Assistance Management Information System (FAMIS), and review the Health Insurance Premium Payment (HIPP) coding.

In addition, MMIS would require the establishment of at least one new ME code, development of new reports, and additional tracking of participants. The required systems work would be done by WIPRO.

MHD Estimates:

Activities	Estimated Hours
Analysis/Design/Create/Modify Specs	100
Coding	160
Testing	40
Total	300 hrs

$$300 \text{ hours} \times \$63.04/\text{hr} = \$ 18,912$$

Match rate is 50% General Revenue and 50% Federal.

In response to similar legislation (HB 1065), officials from the **OA - Commissioner's Office** stated due to the possible duplication of services and the differences between services provided, it is unknown at this time how the Alternatives-to-Abortion (A2A) program would be impacted if this proposal is passed.

Officials from the from the **OA - Division of Budget and Planning** assume the proposal would not fiscally impact their agency.

In response to similar legislation, (HB 1065, officials from the **Department of Health and Senior Services** assumed the proposal would not fiscally impact their agency.

ASSUMPTION (continued)

House Amendment No. 3:

§191.761 - Establishment of cord blood collection sites:

In response to similar legislation (HCS HB 1193), officials from the **Department of Health and Senior Services (DHSS)** stated section 191.761.1 will require the DHSS to use a courier service to transport collected, donated umbilical cord blood samples to the Saint Louis Cord Blood Bank at Cardinal Glennon Children's Medical Center.

DHSS has an existing courier system that is utilized to collect newborn screening specimens. Currently this system collects newborn screening specimens from 46 birthing hospitals five days per week.

In order for the existing courier service to be utilized for the transport of cord blood, several modifications will be required. Transport of cord blood requires temperature controlled transportation, adherence to specific delivery time-frames, and chain of custody protocols. Cord blood specimens will not remain viable for medical usage if these requirements are not strictly adhered to. Costs associated with the required modifications and storage of specimens are unknown, but anticipated to be significant. Total costs associated to implement this service will be unknown until after the Department has completed the state procurement bid process for contracted services.

DHSS assumes it would be required to provide courier service to the 22 birthing centers that are designated and trained to provide cord blood to the St. Louis Cord Blood Bank. Seventeen of these birthing centers already exist in a DHSS courier system that operates Monday through Friday. Courier services would need to be expanded to seven days per week for these 17 birthing centers. In addition, courier services for seven days per week for the five new locations would be needed. The estimated cost associated with adding weekend courier pick up to the existing 17 hospitals is \$26,100; the cost for adding five new locations for seven days a week is \$22,805.

No costs for FY 15 are anticipated as the provisions of this proposal are not effective until July 1, 2015. The DHSS assumes the total cost of this proposal to the General Revenue Fund will be unknown, greater than \$50,127 for FY 16 and unknown, greater than \$51,381 for FY 17.

In response to similar legislation (HCS HB 1193), officials from the **Office of Secretary of State (SOS)** stated many bills considered by the General Assembly include provisions allowing or requiring agencies to submit rules and regulations to implement the act. The Secretary of State's office is provided with core funding to handle a certain amount of normal activity resulting from

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ASSUMPTION (continued)

each year's legislative session. The fiscal impact for this fiscal note to the SOS for Administrative Rules is less than \$2,500. The SOS recognizes this is a small amount and does not expect that additional funding would be required to meet these costs. However, it is also recognized that many such bills may be passed by the General Assembly in a given year and that collectively the costs may be in excess of what the office can sustain within its core budget.

Therefore, the SOS reserves the right to request funding for the cost of supporting administrative rules requirements should the need arise based on a review of the finally approved bills signed by the governor.

Officials from the **Joint Committee on Administrative Rules (JCAR)** state the legislation is not anticipated to cause a fiscal impact to JCAR beyond its current appropriation.

§197.168 - Influenza Immunizations:

In response to similar legislation (HCS HB 2101), officials from the **Department of Social Services (DSS) - MO HealthNet Division (MHD)** stated any increased cost covered by Medicaid as the primary payer would not be captured for a few years because MO HealthNet bases hospital reimbursement for a given year on the fourth prior year cost report. Since the first requirement is effective August 28, 2014, the increased cost would begin to be reflected in 2014 cost reports. MO HealthNet would use 2014 cost reports to establish reimbursement for state FY 18. Therefore, there would not be a fiscal impact to the MHD for FY 15, FY 16, and FY 17, but starting FY 18, there could be an immaterial increase in costs.

Officials from the **Department of Public Safety - Missouri State Highway Patrol** defer to the Missouri Department of Transportation Employee Benefits Section for response on behalf of the Highway Patrol. Please see their fiscal note for the potential fiscal impact of this proposal.

Officials from the **Missouri Department of Transportation** assume the proposal would not fiscally impact their agency.

In response to similar legislation (HCS HB 2101), officials from the **Department of Health and Senior Services**, the **Missouri Consolidated Health Care Plan**, and the **Missouri Department of Conservation** each assumed the proposal would not fiscally impact their respective agencies.

<u>FISCAL IMPACT - State Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
GENERAL REVENUE FUND			
<u>Costs - DHHS (\$191.761)</u>			
Transportation costs	<u>\$0</u>	<u>(Unknown, greater than \$50,127)</u>	<u>(Unknown, greater than \$51,381)</u>
Total <u>Costs</u> - DHHS	<u>\$0</u>	<u>(Unknown, greater than \$50,127)</u>	<u>(Unknown, greater than \$51,381)</u>
<u>Costs - DHHS (\$192.380)</u>			
Personal service	(Unknown)	(Unknown)	(Unknown)
Fringe benefits	(Unknown)	(Unknown)	(Unknown)
Equipment and expense	(Unknown)	(Unknown)	(Unknown)
Program costs (CYSHCN & HCY)	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
Total <u>Costs</u> - DHSS	<u>(Unknown)</u>	<u>(Unknown)</u>	<u>(Unknown)</u>
FTE Change - DHSS	Unknown FTE	Unknown FTE	Unknown FTE
<u>Costs - OA</u>			
Alternatives-to-Abortion (\$208.662)	Unknown to (Unknown)	Unknown to (Unknown)	Unknown to (Unknown)
<u>Costs - OA-ITSD-DSS</u>			
System programming changes (\$208.662)	(Greater than \$9,456)	\$0	\$0
<u>Costs - DSS-MHD</u>			
Program expansion, reporting and development expenditures (\$208.662)	<u>(Greater than \$2,965,634)</u>	<u>(\$3,626,399)</u>	<u>(\$3,730,984)</u>
ESTIMATED NET EFFECT ON THE GENERAL REVENUE FUND	<u>(Unknown, could exceed \$2,975,090)</u>	<u>(Unknown, could exceed \$3,676,526)</u>	<u>(Unknown, could exceed \$3,782,365)</u>
Estimated FTE Change on the General Revenue Fund	Unknown FTE	Unknown FTE	Unknown FTE

<u>FISCAL IMPACT - State Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
FEDERAL FUNDS			
<u>Income</u> - DHSS (§192.380) CYSHCN & HCY program reimbursements	Unknown	Unknown	Unknown
<u>Income</u> - DSS-MHD (§208.662) Program expenditure reimbursements	Greater than \$8,431,505	\$10,375,656	\$10,675,970
<u>Income</u> - OA-ITSD/DSS (§208.662) System programming reimbursements	Greater than \$9,456	\$0	\$0
<u>Costs</u> - DHSS (§192.380) CYSHCN & HCY program expenditures	(Unknown)	(Unknown)	(Unknown)
<u>Costs</u> - DSS-MHD (§208.662) Program expenditures	(Greater than \$8,431,505)	(\$10,375,656)	(\$10,675,970)
<u>Costs</u> - OA-ITSD/DSS (§208.662) System programming expenditures	(Greater than <u>\$9,456</u>)	<u>\$0</u>	<u>\$0</u>
ESTIMATED NET EFFECT ON FEDERAL FUNDS	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>
<u>FISCAL IMPACT - Local Government</u>	FY 2015 (10 Mo.)	FY 2016	FY 2017
	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>

FISCAL IMPACT - Small Business

This proposal may negatively impact small business hospitals if they provide perinatal care.

FISCAL DESCRIPTION

§191.761- Umbilical Cord Blood Collection and Transportation

This proposal provides, beginning July 1, 2015, the Department of Health and Senior Services will provide a courier service to transport collected, donated umbilical cord blood samples to a nonprofit umbilical cord blood bank in the City of St. Louis. The collection sites are only to be those facilities designated and trained by the blood bank in the collection and handling of umbilical cord blood specimens.

§192.380 - Perinatal Care Standards

This proposal creates the Perinatal Advisory Counsel which is to make recommendations for the division of the state into neonatal and maternal care regions. The Counsel is to establish standards for all levels of hospital perinatal care including regional perinatal centers. The standards are to be based upon evidence and best practices as outlined by the most current version of the "Guidelines for Perinatal Care" and any guidelines developed by the Society for Maternal-Fetal Medicine and the geographic and needs of the citizens of the state.

The standards under this section shall be established by the Department of Health and Senior Services no later than January 1, 2016. The standards shall be deemed sufficient for the purposes of the section if they require the perinatal care facilities to submit plans or enter into agreements with the department that address provisions outlined in the proposal.

§208.662 - Show-Me Healthy Babies

This proposal establishes the Show-Me Healthy Babies Program within the Department of Social Services as a separate children's health insurance program for any low-income unborn child. For an unborn child to be eligible for enrollment in the program, the mother of the child must not be eligible for coverage under Title XIX of the federal Social Security Act or the Medicaid Program as administered by the state and must not have access to affordable employer-subsidized health care insurance or other affordable health care coverage that includes coverage for the unborn child. The unborn child must be in a family with income eligibility of no more than 300% of the federal poverty level or the equivalent modified adjusted gross income unless the income eligibility is set lower by the General Assembly through appropriations. When calculating family size as it relates to income eligibility, the family must include in addition to other family members, the unborn child, or in the case of a mother with a multiple pregnancy, all unborn children. Coverage for an unborn child enrolled in the program must include all prenatal care and pregnancy-related services that benefit the health of the unborn child and promote healthy

FISCAL DESCRIPTION (continued)

labor, delivery, and birth. Coverage does not need to include services that are solely for the benefit of the pregnant mother, are unrelated to maintaining or promoting a healthy pregnancy, and provide no benefit to the unborn child.

The proposal specifies that there must not be a waiting period before an unborn child may be enrolled in the program. Coverage must include the period from conception to birth and the department must develop a presumptive eligibility procedure for enrolling an unborn child. Coverage for the child must continue for up to one year after birth unless otherwise prohibited by law or limited by the General Assembly through appropriations. Coverage for the mother is limited to pregnancy-related and postpartum care beginning on the day the pregnancy ends and extends through the last day of the month that includes the sixtieth day after the pregnancy ends unless otherwise prohibited by law or limited by the General Assembly through appropriations.

The proposal specifies how the department may provide coverage for an unborn child enrolled in the program. The department must provide information about the program to maternity homes as defined in Section 135.600, RSMo, pregnancy resource centers as defined in Section 135.630, and other similar agencies and programs in the state that assist unborn children and their mothers. The department must consider allowing these agencies and programs to assist in enrolling unborn children in the program and in making determinations about presumptive eligibility and verification of the pregnancy.

Within 60 days after the effective date of these provisions, the department must submit a state plan amendment or seek any necessary waivers from the federal Department of Health and Human Services requesting approval for the program.

At least annually, the Department of Social Services must prepare and submit a report to the Governor, the Speaker of the House of Representatives, and the President Pro Tem of the Senate analyzing and projecting the cost savings and benefits, if any, to the state, counties, local communities, school districts, law enforcement agencies, correctional centers, health care providers, employers, other public and private entities and persons by enrolling unborn children in the program. The proposal specifies the information that must be included in this analysis.

The program is not to be deemed an entitlement program, but instead is subject to a federal allotment or other federal appropriations and matching state appropriations. The state is not obligated to continue the program if the allotment or payments from the federal government end or are not sufficient for the program to operate or if the General Assembly does not appropriate funds for the program. These provisions must not be construed as expanding MO HealthNet or fulfilling a mandate imposed by the federal government on the state.

This legislation is not federally mandated, would not duplicate any other program but may require additional capital improvements or rental space.

SOURCES OF INFORMATION

Department of Mental Health
Department of Health and Senior Services
Department of Social Services -
 MO HealthNet Division
Missouri Department of Transportation
Department of Public Safety -
 Missouri State Highway Patrol
Missouri Consolidated Health Care Plan
Missouri Department of Conservation
Joint Committee on Administrative Rules
Office of Administration -
 Division of Budget and Planning
 Commissioner's Office
Office of the Secretary of State

Mickey Wilson, CPA
Director
April 29, 2014



Ross Strobe
Assistant Director
April 29, 2014